

## CONFIDENTIAL TRAUMA RECEIVING FACILITY Designation Performance Improvement Report

FACILITY: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE: \_\_\_\_\_

Requirement		Resource Criteria		Compliance		
		A	B	C		
FACILITY ORGANIZATION						
E	<b>Resolution</b> The board of directors, administration, and medical, nursing and ancillary staff shall make a commitment to providing trauma care commensurate to the level of categorization for which the facility is applying for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<b>Trauma System</b> Participation in the statewide trauma system including participation in Regional Trauma Advisory Committee with support and participation in regional and state trauma performance improvement programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<b>Trauma Program</b> Multidisciplinary program that coordinates trauma-related activities including quality/performance improvement for trauma patients, educational programs for providers of trauma care, injury prevention, and public education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<b>Trauma Team</b> A team of care providers is to be identified and have written roles and responsibilities to provide initial evaluation, resuscitation and treatment for all trauma patients meeting trauma system triage criteria. Written trauma system triage criteria to activate the trauma team must exist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<b>Trauma Medical Director</b> Physician, Nurse Practitioner, or Physician Assistant with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, development of treatment protocols, coordinating quality/performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education. Completion of an ATLS course with preference for current verification or being an ATLS instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D	Completion of an ATLS course with preference for current verification and encouragement to be an ATLS instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<b>Trauma Coordinator</b> A registered nurse or alternately a qualified allied health personnel working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include clinical care and oversight, trauma education and prevention, quality/performance improvement, trauma registry, and involvement in community and regional trauma system. There must be dedicated hours for this position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<b>Trauma Committee</b> <i>Trauma Program Performance</i> functions with a multidisciplinary committee of all trauma related services to assess and correct global trauma program process issues. This committee meets regularly, takes attendance, has minutes, and works to correct overall program deficiencies to optimize trauma patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<i>Trauma Peer Review</i> functions with a multidisciplinary committee of medical disciplines involved in caring for trauma patients to perform peer review for issues such as response times, appropriateness and timeliness of care, and evaluation of care priorities. This committee under the aegis of performance improvement meets regularly, takes attendance, has minutes, and documents how patient care problems will be avoided in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

REQUIREMENT  
E - Essential Criteria for designation of this level of trauma center  
D - Desired Criteria are not required for designation but considered desirable

COMPLIANCE:  
A - Not Initiated / B - Being Developed / C - Compliant

Requirement		Resource Criteria		Compliance		
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<b>D</b>	<b>Diversion Policy</b> A written policy and procedure to divert patients to another designated trauma care service when the facility's resources are temporarily unavailable for optimal trauma patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E</b>	<b>Inter-facility Transfer</b> Inter-facility transfer guidelines and agreements consistent with the scope of the trauma service practice available at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E</b>	<b>Disaster Preparedness</b> There is a written disaster plan that is updated routinely. The facility participates in community disaster drills and associated performance improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Comments</b>						
<b>CLINICAL CAPABILITIES</b>						
<b>Published on-call schedule and promptly available</b>						
<b>E</b>	Emergency Department coverage may be physician, Physician Assistant, or Nurse Practitioner on-call and promptly available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>CLINICAL QUALIFICATIONS</b>						
<b>Emergency Medicine</b>						
<b>D</b>	Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>D</b>	A system should be developed to assure early notification of the on-call medical provider so that he/she can be present at the time of trauma patient arrival in the Emergency Department. The facility's trauma PI process tracks documentation of notification and response times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E</b>	Completion of an ATLS student course. <i>Current</i> ATLS verification or course completion is recommended for all physicians boarded in a specialty other than emergency medicine, physician assistants, and nurse practitioners who work in the emergency department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>D</b>	Continuing education for medical providers in the Emergency Department of 10 hours of trauma-related CME annually. Trauma continuing education can be obtained in a variety of ways such as attendance at attending facility trauma peer review meetings that provide education. Maintenance of current ATLS verification or course completion may replace the trauma CME requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>D</b>	Attendance of an Emergency Medicine representative at a minimum of 50% multidisciplinary peer review committee meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Comments</b>						

Requirement		Resource Criteria			Compliance					
					A	B	C			
<b>FACILITIES RESOURCES / CAPABILITIES</b>										
<b>Emergency Department</b>										
<b>Personnel:</b>										
<b>D</b>	Medical provider designated as emergency department director				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Emergency Department coverage may be physician, physician assistant, or nurse practitioner on-call and promptly available. Notification and response times monitored in trauma PI.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Nursing staff readily available to provide immediate care of the trauma patient.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to the floor or transfer to another facility				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Continuing education for nursing personnel of 8 hours of trauma-related education annually				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Equipment for resuscitation for patients of <u>ALL AGES</u></b>										
<b>E</b>	Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag-mask resuscitator and oxygen source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Pulse oximetry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Suction devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Qualitative end-tidal CO2 determination				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Electrocardiograph, oscilloscope, defibrillator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Standard IV fluids and administration sets				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Large bore intravenous catheters				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Sterile surgical sets for:</b>										
<b>E</b>	Airway control/cricothyrotomy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Thoracostomy (chest tube insertion)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Drugs necessary for emergency care (includes RSI medications)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Cervical traction devices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Broselow Tape				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Thermal control equipment for patients AND desired for blood and fluids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Rapid infuser system				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>E</b>	Communication with EMS vehicles				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Clinical Laboratory Service</b>										
<b>D</b>	Standard analysis of blood, urine, and other body fluids, including microsampling when appropriate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Acute Hemodialysis</b>										
<b>E</b>	Transfer agreement with Regional Trauma Center				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Burn Care – Organized</b>										
<b>E</b>	Transfer agreement with Burn Center				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Acute Spinal Cord Management</b>										
<b>E</b>	Transfer agreement with Regional Trauma Center				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Rehabilitation Services</b>										
<b>D</b>	Physical Therapy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>D</b>	Social Services				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Comments</b>										

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<b>QUALITY / PERFORMANCE IMPROVEMENT</b>				
<b>E</b>	Quality/performance improvement program for trauma patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Participation in the State Trauma Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Audit of all trauma deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Medical staff peer review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Medical nursing audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Review of prehospital trauma care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				
<b>INJURY PREVENTION</b>				
<b>D</b>	Information resources for the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Collaboration with existing national, regional, and state programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Collaboration and /or participation in community prevention activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Collaboration with other institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				

### STRENGTHS

1.

### WEAKNESSES

1.

### RECOMMENDATIONS

1.

### DESIGNATION RECOMMENDATION

The reviewers have determined the facility **does /does not** meet the Montana Trauma Facility Resource Criteria to become a Trauma Receiving Facility at the current time.

We recommend that the facility **be / not be** designated as a Montana Trauma Center.

We advise the following:

REVIEWERS:\_\_\_\_\_

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